

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 15608
3817

FILED APR 23 1953

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 20 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION Luthern Hospital				d. STREET ADDRESS (If rural, give location) 15 4708 Nebraska 0			
3. NAME OF DECEASED (Type or Print) a. (First) Lydia b. (Middle) M. c. (Last) Deditius		4. DATE OF DEATH (Month) (Day) (Year) April 9 1953					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan 31 1896	
9. AGE (In years, Months, Days) 57		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Millstadt Ill	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Daniel Schmahlenberger		13b. MOTHER'S MAIDEN NAME Caroline Ohlendorf		14. NAME OF HUSBAND OR WIFE August Deditius	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME August Deditius 4708 Nebraska			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Cholecystitis			
INTERVAL BETWEEN ONSET AND DEATH 3 Day				1 Yr.			
19a. DATE OF OPERATION Mar. 28 1953		19b. MAJOR FINDINGS OF OPERATION Cholecystectomy & Ventral Hernia (Post Op)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201			
22. I hereby certify that I attended the deceased from Mar. 13, 19 53 to Apr. 9, 19 53 that I last saw the deceased alive on APR 9, 19 53, and that death occurred at 7.30 P.M., from the causes and on the date stated above.							
23a. SIGNATURE W. A. Walters M.D.		(Degree or title)		23b. ADDRESS 3608 S. Grand Blvd.		23c. DATE SIGNED 4/11/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/13/53		24c. NAME OF CEMETERY OR CREMATORY Mt. Everygreen Cem		24d. LOCATION (City, town, or county) (State) Millstadt Ill	
DATE REC'D BY LOCAL REG. APR 11 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Wm. Schumacher 3013 Meramec			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed _____

Jack Haupt

Licensed Embalmer No. _____

7946

P. O. Address _____

St Louis mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.